

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2811**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Jackson* **1**

(a) County *Jackson*

(b) City or town *Jackson*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *General Hospital*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community *about 30 yrs*

8. (a) PRINT FULL NAME *ANDONINA PROVINGE*

8. (b) If veteran; *No* **3. (c) Social Security** *No*
name war. No. No.

4. Sex *Female* **5. Color or race** *white*

6. (a) Single, widowed, married, divorced *married*

6. (b) Name of husband or wife *James Provinge* **6. (c) Age of husband or wife if alive** *60* years

7. Birth date of deceased *Feb. 15 1887*
(Month) (Day) (Year)

8. AGE: Years *53* Months *4* Days *27* If less than one day hr. min.

9. Birthplace *Italy*
(City, town, or county) (State or foreign country)

10. Usual occupation *Home wife*

11. Industry or business _____

MOTHER FATHER

12. Name *Venancio Bantero*

13. Birthplace *Italy*
(City, town, or county) (State or foreign country)

14. Maiden name *Andronia Bantero*

15. Birthplace *Italy*
(City, town, or county) (State or foreign country)

16. (a) Informant *James Provinge*

(b) Address *3630 Cleveland*

17. (a) Burial **(b) Date thereof *July 15 40*
(Burial, cremation, or removal) (Month) (Day) (Year)**

(c) Place: burial or cremation *mt st Mary's*

18. (a) Signature of funeral director *Parantala Bus*

(b) Address *K. P. M. D.*

19. (a) July 12, 1940 **(b) M. M. Crome**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *mo* (b) County *Jackson*

(c) City or town *Jackson*
(If outside city or town limits, write "RURAL")

(d) Street No. *3630 Cleveland*
(If rural, give location)

(e) If foreign born, how long in U. S. A.? *about 30* years.

20. DATE OF DEATH: Month _____ day *7-11-40* year _____ hour _____ minute _____ M.

21. I hereby certify that *Andronia Provinge* **825 P**
Deputy Coroner died on _____, 19____, at _____, Missouri, at the age of _____ years, the death occurred on the date and hour stated above.

Immediate cause of death _____

Acute meningial edema

Sodium fluoride poisoning

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *suicide*

(b) Date of occurrence *7-11-40*

(c) Where did injury occur? *K.P. mo*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____
(Specify work place) (Means of injury)

23. Signature *W. M. Crome* (M. D. or other) _____

Address *K.P. mo* Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul R. Rowe

Licensed Embalmer No. *2347*

P. O. Address *12 C Md*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.